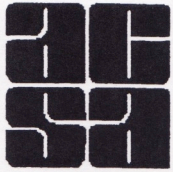


Association of California School Administrators

1575 Bayshore Highway, Burlingame CA 94010

Phone (800) 608-2272, Financial Services Fax (650) 259-1029



TRAVEL EXPENSE CLAIM – FY 2010-11

☐ Check Here If New Address

Name (Print) _____
First Middle Last S.S.N. (Only Required if Honorarium is Included)

Street Address _____

City _____ State _____ Zip _____

Name of Committee or Activity _____

Location of Meeting _____ Date of Meeting _____

☐ Regular Committee

☐ Special Funding

Activity Number _____

DATE	HONORARIUM (Professional Fee)	MILEAGE (50¢ per mile)	AIR*	MEALS *	HOTEL*	SURFACE TRAVEL* (Parking, Taxi, etc...)	OTHER*
Sub-Totals							

TOTAL OF REIMBURSEMENT REQUEST \$ _____

(*NO REIMBURSEMENT FOR THESE CATEGORIES WITHOUT ATTACHED RECEIPTS)

I hereby certify that the above is a true statement of travel expenses incurred by me in accordance with the current expense policy of ACSA and that all items shown were for official business of the association and that no expenses herein claimed were received or paid from other sources.

Signature _____ Date _____
(Claim must be signed before it can be processed)

Approval of Chairperson(or Coordinator) _____ Date _____

Approval of Committee Staff Liaison _____ Date _____

SEE REVERSE FOR FILING INSTRUCTIONS